



PTO/SB/22 (12-04)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) FGTI-P02-004
Application Number	10/691205	Filed October 21, 2003
For GENETIC PROFILING AND BANKING SYSTEM AND METHOD		
Art Unit	3629	Examiner J. P. Ouellette
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		10/13/2005 BABRAHA1 00000019 181945
<input type="checkbox"/> A check in the amount of the fee is enclosed.		01 FC:2253
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		02 FC:2202
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		510.00 DA
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1945</u> . I have enclosed a duplicate copy of this sheet.		175.00 DA
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>48,533</u>		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
<u>Charles Larsen</u> Signature		October 6, 2005 Date
<u>Charles Larsen</u> Typed or printed name		(617) 951-7085 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 10/6/05 Signature: Joanne Ryan (Joanne Ryan)